

## SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at <a href="mailto:ethics.counsel@state.tn.us">ethics.counsel@state.tn.us</a>. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE November 9, 2007					
	b.	REPORTING PERIOD [check box]: □ October 1 – March 31     April 1 – September 30					
2.	a.	NAME OF CORPORATION/ENTITY CHS Professional Services Corporation					
	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS					
		Gary D. Newsome, Division President					
3.	a.	ADDRESS Street or Rural Route City State Zip Code					
	<del> '</del>	4000 Meridian Blvd. Franklin, TN 37067					
	b.	PHONE NUMBER 615 - 465 - 7000					
4.	LOBE	LOBBYING INTERESTS					
	a.	List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.					
	/	tealthcare - Hospital Management, Reimbursement					
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	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.					
	<u>©</u>	Hospital Management Company					
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5. **TOTAL AGGREGATE LOBBYIST COMPENSATION.** The term "compensation" is defined by T.C.A. § 3-6-301(7) as ". . . any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301).

If you did not pay any lobbyist compensation during the reporting period, you may check the box marked "None", or you may instead check the range for "Less than \$10,000". If you are unsure whether you may have paid a portion of compensation for lobbying activities during the reporting period, then you should check the box for "Less than \$10,000." Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

□ None	□ Less than \$10,000
☐ At least \$10,000 but less than \$25,000	□ At least \$25,000 but less than \$50,000
XAt least \$50,000 but less than \$100,000	☐ At least \$100,000 but less than \$150,000
□ At least \$150,000 but less than \$200,000	□ At least \$200,000 but less than \$250,000
□ At least \$250,000 but less than \$300,000	□ At least \$300,000 but less than \$350,000
□ At least \$350,000 but less than \$400,000	□ \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000):

6. **LOBBYIST NAMES.** List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. **Authority: T.C.A. § 3-6-303(a)(1).** 

LOBBYIST NAME	<u>IN-HOUSE LOBBYIST</u>
Steve Bivens and Associates Baker Donelson Public Strategies	
Baker Donelson Public Strategies	
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## 7. LOBBYING-RELATED EXPENDITURES

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying.

If you did not pay any lobbying expenses during the reporting period, you may check the box marked "None", or you may instead check the range for "Less than \$10,000". If you are unsure whether you may have paid minor expenses relating to lobbying activities during the reporting period, then you should check the box for "Less than \$10,000." Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)



XNone	□ Less than \$10,000
□ At least \$10,000 but less than \$25,000	□ At least \$25,000 but less than \$50,000
□ At least \$50,000 but less than \$100,000	□ At least \$100,000 but less than \$150,000
□ At least \$150,000 but less than \$200,000	□ At least \$200,000 but less than \$250,000
□ At least \$250,000 but less than \$300,000	□ At least \$300,000 but less than \$350,000
□ At least \$350,000 but less than \$400,000	□ \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000):

8.	AGGREGATE	TOTAL OF	F ALL 11	N-STA	YTE E	VENTS
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State the aggregate total amount of all employer expenditures for all in-State event(s) (e.g., those events to which the employer invited the <u>entire</u> General Assembly), which was, or should have been, reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).** 

9. TO BE SIGNED BY REPORTING OFFICIAL (must be atte	ested to by a witness)
I certify that the information contained in this Report is true and best of my knowledge, information and belief.	d that it is a complete and accurate report to the
Signature of Person Completing Report Print Name of Person: Martin Smith	Date
I, the undersigned, acknowledge that I have reviewed the for accurate to the best of my knowledge, information and belief.	regoing Report and certify that is complete and
a Stamone	11/09/07
Signature of CEO, CFO or Authorized Representative Print Name of Person: Gary D. Newsome	Date
I, Hauri & Boesch, the undersigned, do hereby with (Printed Name of Witness) CFO or Authorized Represent	tness the above signature of the CEO, tative, which was signed in my presence.

Signature of Witness

E. Boesch Laurie E. Boesch

11/09/07

Vitness



Page 3 of 3

None	u Less than \$10,000
☐ At least \$10,000 but less than \$25,000	□ At least \$25,000 but less than \$50,000
At least \$50,000 but less than \$100,000	a At least \$100,000 but less than \$160,000
□ At least \$150,000 but less than \$200,000	□ At least \$200,000 but less than \$250,000
p At least \$250,000 but less than \$300,000	a At least \$300,000 but less than \$350,000
□ At least \$350,000 but less than \$400,000	\$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000);

8.	AGGREGATE 1	TOTAL O	FALI	_ IN-	STATE	EVEN	ITS
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State the aggregate total amount of all employer expenditures for all in-State event(s) (e.g., those events to which the employer invited the entire General Assembly), which was, or should have been, reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

9.	TO BE SIGNED B	Y REPORTING OFFICIAL	(must be attested to by a witness)
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I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Martin Sh. Ja	11/8/07
Signature of Person Completing Report Print Name of Person: Martin Smith	Date

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

D Stammer	11/09/07
Signature of CEO, CFO or Authorized Representative Print Name of Person: Gary D. Newsome	Date
I, Sauri E. Beach, the undersigned, do hereby witness the all	pove signature of the CEO, h was signed in my presence.

Laurie E. Boesch 11/09/07
Stignature of Witness Date

